# P0800003303

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |

Office Use Only



400250305094

08/06/13--01031--013 \*\*35.00





#### **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: VENCASA PROJECTS, INC
Name of Corporation

DOCUMENT NUMBER, P08000002303

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

### MARY CARDENAS

Name of Contact Person

Firm/Company

#### 1925 BRICKELL AVE APT D1110

Address

**MIAMI FL 33129** 

City/State and Zip Code

## cardenas.mary@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Cardenas

, 305

9847508

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha  | nge is submitted for a corpora   | 2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of Florida erregistered agent, or both, in the State of Florida.   |   |
|---|--|--|---|
| <del></del>   | the corporation: Vencasa P   | ·  |   |
| 1. The name of t  | the corporation: 1925 Bricke   | ell Avenue Apt D1110 Miami Florida 33129   |   |
| 2. The principal  | ornce address:   |  |   |
| 3. The mailing a  | address (if different):  |  |   |
| 4. Date of incorp   | poration/qualification: 01/07  | /2008 Document number: P08000002303  |   |
|   | d street address of the current re<br>rtment of State: (If resigned, en  | egistered agent and registered office on file with the ter resigned)   |   |
|   | 1925 Brickell Avenue   | Apt D1402  |   |
|   | Miami FL 33129   |  |   |
| 6 The name and  | I street address of the new region   | stered agent (if changed) and /or registered office  |   |
| (if changed):   |  |  |   |
|   | Miami Fl 33129   | O. Box NOT acceptable  |   |
|   | P.   | O. Box NOT acceptable  | C |
| The street addre  | ess of its registered office and be identical.   | the street address of the business office of its registered agent,   |   |
| Such change wa<br>authorized by the   | as authorized by resolution duly<br>be board, or the corporation ha  | y adopted by its board of directors or by an officer so s been notified in writing of the change.  |   |
| Sign  | to an officer of director  | Mary Cardenas  Printed or typed name and title   |   |
| I hereby accept<br>I further agree t<br>performance of<br>agent. Or. if thi | the appointment as registered<br>to comply with the provisions of<br>my duties, and I am familiar of<br>is document is being filed mer | agent and agree to act in this capacity.  of all statutes relative to the proper and complete  with and accept the obligation of my position as registered  ely to reflect a change in the registered office address, I  notified in writing of this change. |   |
| Sign  | Aspert Agent   | 07/08/2013   |   |
| 7<br>If signing on bel  | half of an entity:   | - <del></del>  |   |
| Mary Carde  | •  |  |   |
|   | vned or Printed Name   | <del></del>  |   |

\* \* \* FILING FEE: \$35.00 \* \* \*